DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Children and Family Services
CFS-2147 (Rev. 12/2000)

KINSHIP CARE APPLICATION DENIAL

Use of this form: Completion of this form is required by the State / County / Tribal contract. The State of Wisconsin is required by 45 CFR Parts 270-275 to report to the Federal Administration for Children and Families (ACF) on all use of Temporary Assistance to Needy Families (TANF) funds. Temporary Assistance to Needy Families funds are currently used to fund payments for children in Kinship Care; therefore, Kinship Care data must be reported to the ACF. All information will be used only for federal reporting and Departmental decision making. Any personally identifiable information is considered confidential and will be used only to match with other agencies to help assure that federal reporting does not include any duplication of data.

Instructions: This form must be completed by those county and tribal agencies which report Kinship Care data using the CFS-2100 and CFS-2100A forms or an approved alternative paper form. County and tribal agencies reporting electronically are not required to use this form, but must provide all of the information included on this form. **Do not submit this form until all reviews / appeals of the denial are complete.**

Name - Person Completing This Form	Date Form Completed

1. Name - County or Tribe

2. Date Agency Received Application	3. Date Agency Denied Application

4. Name - Applicant (Last, First, MI)	5. Birthdate - Applicant (mm / dd / yyyy)

6. Ethnicity - Applicant

Hispanic or Latino
☐ Yes ☐ No

7. Race - Applicant Check up to 3.

☐ White
☐ Black or African-American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other

8. Rationale for Denial Check all that apply.

☐ No need for living arrangement
☐ Not in child's best interest
☐ No probability for court jurisdiction
☐ Relative caregiver refused to cooperate with agency
☐ Child does not live with caregiver
☐ Child is age 18 or over
☐ Child is receiving SSI
☐ Caregiver failed criminal background check
☐ Other household member failed criminal background check
☐ Child's parent(s) living with child
☐ Other - Check only if none of the others are appropriate.

9. Has the applicant been notified of his or her right to request a review of or to appeal the denial and of the process for requesting such a review or appeal? ☐ Yes ☐ No

If more than 1 child, complete items 10-14 on additional form(s) and staple to this form.

10. Name - Child (Last, First, MI)	11. Birthdate - Child (mm / dd / yyyy)

12. Child's Relationship to Applicant

☐ Brother / Sister
☐ First Cousin
☐ Great-Great-Grandchild
☐ Nephew / Niece
☐ Stepbrother / Stepsister
☐ Grandchild
☐ Step-Grandchild
☐ Great Nephew / Niece
☐ Stepchild
☐ Great-Grandchild
☐ Aunt / Uncle
☐ Great-Great-Nephew / Niece
☐ Other

13. Ethnicity - Child

Hispanic or Latino
☐ Yes ☐ No

14. Race - Child Check up to 3.

☐ White
☐ Black or African-American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other